each case we should carefully watch the tolerance of the patient, else we will not be able to increase the dose in the proper manner to get the desired effect. If we are not very careful to have the bowels constantly regulated, we will soon have to contend with a gastric congestion, sometimes of a troublesome nature. We should not allow constipation to exist for a single day when we are giving large doses of arsenic. In most cases its effect is better when given with iron, and I believe the tolerance is also thus increased. And yet, even when we have observed all the prescribed precautions, we shall find in a considerable proportion of cases that either for want of tolerance on the part of the patient, or from an absence of beneficial effects, we cannot rely on it, but must seek other remedies. Dr. W. B. Cheadle, Eng., has recently written a paper on the treatment of chorea with arsenic, recommending it very highly (*London Practitioner*, Feb., '86). In concluding, however, he very appositely says: "I would not have it supposed that I regard the whole treatment of chorea to consist in pouring so many doses of liquor arsenicalis down the patient's throat. There are many other essential measures to be adopted in the successful management of chorea, many other drugs besides arsenic which beneficially influence it."

703 Washington Ave.

PEMPHIGUS OF THE CONJUNCTIVA.

BY WM. DICKINSON, M. D., ST. LOUIS.

PEMPHIGUS is the term employed to denote a vesicular affection of the epithelial tissue, and according to its seat it receives the designations, "pemphigus of the conjunctiva," "pemphigus of the skin." It is a rare affection in either situation and of uncertain duration. It supervenes without appreciable cause, presents similar phenomena and passes through the same stages. Recurrence is one of its most characteristic features. The term "pemphigus" signifies a bladder; the vesicles at once assume a large size, varying from that of a mustard-seed

to that of a pea or even larger, and are called blebs, bullæ. No portion of the body or limbs is exempt from their invasion. These at first contain a transparent serous fluid, which soon changes to a milky color, then semi-purulent. These blebs in a short time burst, the contents escape, dry up and form crusts, which finally disappear, leaving the surface in much the same condition as before. This disease is most commonly met with in children in the first eighteen months of life, still it occurs in persons of all ages, especially in those of advanced years. Chronic pemphigus (sometimes called pompholyx) in adults occurs in the proportion of one case to ten thousand of the entire population. Neither physical condition, temperament, special diet, habits, season of the year or geographical peculiarities seem to act as specially predisposing causes. It seems to be found, however, more frequently in the anemic and debilitated. The condition of pregnancy, slight local injury, the female sex, and even heredity appear to present conditions favorable for its invasion.

These observations being descriptive of pemphigus as it affects the skin, are in general applicable to the disease affecting the conjunctiva. But the results are quite different in the latter; the original integrity of structure of the part invaded is never regained; cicatrization and contraction, inevitable and irresistible, take place; and the gravity of the injury sustained depends upon the situation of the blebs, being more grave when it is seated in the conjunctival sac; for, when the blebs occur in this location, the opposing palpebral and ocular conjunctivæ being denuded of epithelium, in the process of healing they adhere, and thus is lessened the depth of the conjunctival sac, or it is wholly obliterated, inducing symblepharon more or less complete, ectropion, trichiasis, and all the troublesome sequelæ consequent thereon. Pemphigus of the conjunctiva is much more rare than its congener cited. In all the records of ophthalmic surgery, probably not thirty cases can be found. Mr. White Cooper, of St. Mary's Hospital, London, published one case, the earliest date that has come to my knowledge. Schweigger states in his Handbook of Ophthalmology "only two cases are known in which pemphigus of the conjuctiva occurred in connection with the eruption on other parts of the body." Dr. J. C. Campbell, of

this city, in 1878, published the case of a man 62 years of age, which had come under his observation, in which the sequelæ just enumerated were present, and from which the patient ultimately became blind.

The case of Mr. Cooper cited, occurred in a woman of 24 yrs., highly chlorotic, greatly debilitated and hysterical. She suffered from both forms of pemphigus, had several recurrences; but the cornea not being involved, vision was not destroyed. During the last period of temporary convalescence, she was lost sight of. Extensive cicatrices of the conjunctiva and symblepharon were exhibited in her case.

With these preliminary observations I will now proceed to detail the first case that has occurred to me, in a practice of thirty-three years, of pemphigus of the conjunctiva.

Mrs. P., 62 years of age, of petite figure, a widow, mother of several children, a teacher for forty years, general health good, having experienced much sorrow in the death of children and from other causes, presented herself June 25, 1885, with the following history and condition. She is presbyopic, and has worn glasses $\frac{}{12}$, and stronger, for five years. She says: "Two years since, while in the country, my eyes became severely inflamed, but they recovered in five or six weeks; exer since, however, my eyes have troubled me at times, often filling with tears, especially during the last year. In February, 1885, the disease became more aggravated, my eyes became very red, inflamed and watery. The left eye was first affected, was painful, and so continued for some time. The disease seemed to localize itself on the inner side of the left eye-ball, and presented a large water blister. After the water was discharged there remained a large red spot. Simultaneously with this blister there appeared similar blisters on both upper lids. To these I applied flax seed poultices, and after a few days they disappeared, but considerable pain continued. In April I consulted an oculist of this city, being then unable to bear strong light or to look up. I then had large blisters on the upper lids and also on the margins of the lids. These he opened, letting out the water, and gave me a white ointment to use. I remained under his treatment for two months, during which time I had several successions of blisters and recoveries, and the intense redness of the ball partially subsided. The doctor did not tell me what disease I had, but always assured

me I should get well. At this time, also, the lower lids began to turn inwards and the lashes to touch and irritate the eye."

At the instance of a mutual friend she consulted me first, as stated, June 25. The upper lids then drooped, and she was suffering from photophobia, entropion and trichiasis, not only from the normal cilia, but from abnormal ones which to a great number had developed along the inner border of the lower lids. Both upper lids were thickened and indurated, rendering eversion difficult and painful. However, there was but little general conjunctivitis of the upper lids, but the vessels of the entire sub-conjunctival tissue of the eye ball were deeply engorged with blood, from which by pressure through the lid, it could be expressed, but it speedily returned.

A striking and very observable feature was a broad, fibrous band, striated, of whitish color, evidently cicatricial in character, resembling a pterygium, lacking the red color, occupying the inner aspect of the left globe, extending from the inner canthus nearly to the cornea. It presented the same appearance as is seen after the contact of some powerful escharotic. On inquiry she stated that nothing of the kind had ever happened to her. This was unquestionably the sequel of the large blister (bleb) from which she had for so long a time suffered some months before, and which was pathognomonic of pemphigus. The lower conjunctival sac was much diminished in depth and extent.

Immediately after this visit the patient went to the country, and her next visit was on August 18. The eyes and lids were in much the same condition as when last seen but more aggravated, especially the entropion and consequently the photophobia. The punctum of left lower lid being contracted, and as was probable, also the lachrymal duct, I passed a Bowman's probe with benefit. In the early weeks of treatment I pulled out the abnormal cilia, and also those of the normal series which were most offending. In consequence of the progressive contraction of the conjunctiva, both palpebral and ocular, the inversion of the lower lid continued to increase. To resist this tendency I removed from the integument of the lid an oval piece, which for a short time restored completely the lid, and at the same time the normal cilia, to their normal position. About November 1, for the first time since she came under my observation, blebs appeared on the integument of the upper lids,

covering the entire surface. The general integument was nowhere affected, nor had blebs as yet attacked the globe.

I now destroyed the bulbs of the abnormal cilia by electrolysis, and also those of the normal that became incurved and irritated the globe. In this, with constitutional treatment, I persisted till December 1. At this time a small vesicle invaded the upper part of the conjunctiva of the right globe just above the corneo-scleral junction, which later assumed the conditions of an ulcer and being treated as such kindly healed. Soon after a large bleb developed in the lower fornix of the left eye. This in a few days passed through the various stages and ultimately healed, and left a cicatricial contracting surface. Directly afterwards a bleb occurred on the conjunctiva of the right eye, which had the same history. March 1, I observed a large bleb on the conjunctiva of the left globe occupying the upper and outer quadrant, extending to and invading the corneal edge. Simultaneously a bleb of similar dimensions, and in corresponding location, attacked the right eye. This was the last visit made by the patient; reasons of discontinuance unknown. Gratitude and satisfaction had always been expressed, notwithstanding I had frequently informed her that the disease was refractory and oftimes intractable. Vision, as the result of pemphigus, was intact, except as embarrassed by trichiasis and lachrymation.

Treatment. Generous diet and tonic regimen from the first was presistently pursued. Quinine and iron, singly and combined, were administered in full doses, and during the last three months arsenic was added. Local treatment by collyria of ac. boracici, and to the blebs local applications of mild solutions of arg. nit. and ox. hydrag. flav. (amorph). Galvanism was also employed through the closed lid, one rheophore being applied to the nucha or held in the hand, and during the last month I applied it directly to the conjunctiva, it having been first rendered insensible by instillations of cocaine. By this agent I hoped to re-inforce the vaso-motor factor of the great sympathetic, which had become paretic, and which gave rise to the chronic congestion, the extravasation of serum and the resulting formation of blebs. Eserine was also at periods instilled. Incipient cataract was present in both eyes.

As a summary, and in conclusion, I am not convinced that any agent employed proved itself curative, though temporary benefit was often manifest.

St. Louis, 1322 Olive St.

ADDRESS TO GRADUATING CLASS OF ST. LOUIS TRAINING SCHOOL FOR NURSES.

By Mrs. Cornelia B. Pulsifer, M. D.

IT is my duty to present to you the diplomas you have so faithfully earned; but before doing it, let me thank you for your patient faithful work during the two years you have been with us.

Only those who have followed you day after day since the training school began its existence, know how hard this pioneer work has been.

We thank you for the heroism which made you persevere.

Our affectionate interest will follow you, as it never can those who come after you.

We ask you to remember that the reputation of our school and of trained nursing in this city, depends largely upon you.

Physicians and patients will decide favorably or otherwise according as you do your work well or ill.

Your first duty is to the physician; to him you owe the most complete loyalty and prompt, intelligent, careful obedience.

No one who has not acquired the habit of conscientious obedience to orders, whether she approves them or not, has a right to be considered a "trained nurse." There are many excuses for ignorance but none for disobedience.

The efforts of the most skilful physician can be thwarted by a careless or unconscientious nurse.

Equally skilful physicians, having equally good results, differ often in the treatment of similar cases; do not, therefore, presume to sit in judgment upon methods which are new to you. Never discuss the treatment with the patient or wit hfriends.

Loyalty to the physician includes encouragement of the patient's faith in him.

There can be no rivalry or clashing between the work of a doctor and a nurse. Nursing well done, offers a sufficiently broad field for all your energies, and anything like prescribing for, or diagnosticating disease would be vulgar quackery, and would be a sad commentary upon your ignorance.